

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14810

APR 27 1953

5621 State File No. 4461 Registrar's No. 30

BIRTH NO.		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4461		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY <b>Knox</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Rural-Hurdland, Mo</b> TOWN		c. LENGTH OF STAY (In this place) <b>3 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Edina</b> TOWN <b>Paul Lyon Twp.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>8520</b>			
3. NAME OF DECEASED (Type or Print) <b>William</b>		a. (First) <b>William</b>		b. (Middle) <b>Nelson</b>		c. (Last) <b>Oldfather</b>	
4. DATE OF DEATH <b>April 16 1953</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct 1, 1867</b>		9. AGE (In years last birthday) <b>85</b>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 12 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John A. Oldfather</b>		13b. MOTHER'S MAIDEN NAME <b>Columbia Marble</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Bolin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Marble Oldfather</b> ADDRESS <b>Hurdland, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Circulatory Failure</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June</b> , 1948, to <b>Apr</b> , 1953, that I last saw the deceased alive on <b>4/10</b> , 1953, and that death occurred at <b>6:30 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Emmanuel D. O.</b> (Degree or title)				23b. ADDRESS <b>Edina Mo.</b>		23c. DATE SIGNED <b>4/17/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>April 18, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Linville cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Edina Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Apr 18-53</b>		REGISTRAR'S SIGNATURE <b>Helle S. Hunolt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. G. Limer</b> ADDRESS <b>Edina Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 11 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.